



PALLIATIVE CARE

- Its origin is in the Latin word pallium, meaning a cloak. It means to mitigate the sufferings of the patient, not to necessarily effect cure.

What is Palliative Care (PC)?

- Specialized medical care for people living with serious illness.
- Intended to improve quality of life for patient and his/her family.
- Focuses on providing relief from symptoms and stress of serious illness.
- Provided by team of PC doctors, nurses, social workers, etc

AIMS AND PRINCIPLES OF PALLIATIVE CARE

- Respect the likes and dislikes, goals choices of the dying person .
- Integrates the psychological and spiritual aspects of patient care.
- Offers a support system to help patients live as actively as possible until death.
- Patient centered rather than disease focused.
- Concerned with healing rather than curing.
- Affirms life & regards dying as normal process i.e as a part of the life cycle.

GOALS OF PALLIATIVE CARE

- Achievement of the best possible quality of life for patients and their families regardless of the stage of the disease or the need for other therapies.

DEFINITION OF PALLIATIVE CARE:

- An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual ---World Health Organization (2004)

Who Might Consider Palliative Care?

- Have serious or advanced illness and:
- Bothersome or difficult to control psychological or physical symptoms
- Desire for more information about what the future holds, wanting to make informed decisions
- Frequent hospitalizations or ER visits
- Progressive inability to care for self
- Caregiver distress
- Long hospitalization without evidence of progress
- In ICU setting with poor prognosis

Specific Benefits of PC

- Less likely to get invasive care at end-of-life
- Better outcomes for loved ones
- Better quality of life
- Improved symptoms
- Less depression
- Higher satisfaction
- Longer life (avg. 2.7 mos.)

Sources: Temel, et al., NEJM2010;363:733-42 and Gade, et al., J Palliat Med 2008;11:180-908

ELEMENTS OF PALLIATIVE CARE

1. PRIMARY GOAL:

- The primary goal is to prevent and relieve sufferings imposed by disease and their treatment, achievement of best possible quality of life for patients and their families regardless of the stage of the disease or need for other therapies.

2. PATIENT POPULATION:

- Patients of all ages experiencing a debilitating chronic or life threatening illness, condition or injury.

3. PATIENT AND FAMILY CENTERED CARE:

- The uniqueness of each patient and family is respected. The patient family constitute the unit of care.

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4. TIMING OF PALLIATIVE CARE:

- It ideally begins at the time of diagnosis of a life threatening or debilitating condition and continues through cure, or until death and into the family's bereavement period.

5. COMPREHENSIVE CARE:

- Palliative care employs multidimensional assessment to identify and relieve sufferings through the prevention or alleviation of physical, psychological, social and spiritual distress.

6. INTERDISCIPLINARY TEAM:

- Team work is an integral part of the philosophy of palliative care. Require the expertise of various providers in order to adequately assess and treat the complex needs of seriously ill patients and their families.

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7. COMMUNICATION SKILLS:

- Effective communication skills are requisite in palliative care. These includes appropriate and effective sharing of information, active listening, determination of goals and preferences, assistance with medical decision making, and effective communication with all individuals involved in the care of patients and their families.

8. SKILL IN CARE OF THE DYING AND BEREAVED:

- Team must be knowledgeable and skilled in providing care for the dying and the bereaved.

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9. CONTINUITY OF CARE ACROSS SETTINGS:

- Palliative care is integral to all health care delivery system settings (hospital, emergency dept, nursing homes, home care, assisted living facilities, outpatient and non traditional environments. The palliative care team collaborates with professional and informal care givers in each of these settings.

10. EQUITABLE ACCESS:

- Palliative care teams should work toward equitable access to palliative care across all ages and patient populations, all diagnostic categories, all health care settings including rural communities, and regardless of race, ethnicity, sexual preferences or ability to pay.

11. QUALITY IMPROVEMENT:

- Palliative care services are committed to the pursuit of excellence and high quality of care which enhances the quality of life.

The Importance of Palliative Care in Achieving Better Health Outcomes

- Palliative care is a medical approach that focuses on improving an individual's quality of life through pain and symptom management. It seeks to improve a person's physical, emotional and spiritual well-being and, unlike hospice care, palliative care can be used in conjunction with curative treatment.
- Yet there is still a pervasive misunderstanding about what palliative care is among many patients and family members. People often panic when they hear a doctor or nurse mention palliative care, because they mistakenly believe it means their healthcare provider has given up on helping cure their disease.

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- Many healthcare professionals to believe that palliative care needs to be "rebranded" to make it more palatable to those who could benefit from it.
- Researchers discovered that patients who received palliative care early on, along with standard treatment for advanced cancer, reported having a better quality of life and mood than those who did not receive palliative care.
- Patients who received palliative care lived, on average, three months longer than those who didn't receive such care.

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- Palliative care not only improves quality of life, it shortens hospital stays and lowers medical costs.
- People who started palliative care immediately after diagnosis had much lower depression scores than caregivers caring for people who started palliative care three months later.

PALLIATIVE CARE COMPETENCIES / SKILLS

- Communication skills
- Physical skills
- Psychosocial skills
- Teamwork skills
- Intrapersonal skills
- Life closure skills

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COMMUNICATION SKILLS

The ability

- To field and respond to sometimes profound or rhetorical questions about life and death
- To know when to say nothing, because that is the most appropriate response;
- To use therapeutic comforting touch with confidence;
- To challenge colleagues who may wish to deny patients information; and, perhaps
- To discuss the imminent death of a relative with families

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TEAM WORK SKILLS

- The growth of the nursing role within these teams has been dramatic and continues to represent a much admired model of working .

PHYSICAL CARE SKILLS

- The knowledge and skills necessary to deliver active, hands-on care in whatever setting throughout a long period of illness.
- Observational skills and the intuitive ability to recognise signs
- Advising doctors of the appropriate prescription and dosage to manage pain
- The advocacy role nurses have towards patients at a time of extreme vulnerability.

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PSYCHOSOCIAL SKILLS
 An ability

- work with families,
- Anticipating their needs,
- Putting them in touch with services and
- Supporting them when appropriate

INTRAPERSONAL SKILLS

- Nurses need to recognise and attempt to understand personal reactions that occur as a natural consequence of working with dying and bereaved people and to be able to reflect on how this affects care given in sensitive situations. It is the most challenging of all competency areas and plays a significant part in the professional growth of those who choose to work in this field.

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LIFE CLOSURE SKILLS

- This area is concerned with nursing behaviours and skills that are crucial to patients' and families; dignity, as they perceive it, when life is close to an end and thereafter.

THE NURSING ROLE IN PALLIATIVE CARE

- Relief for physical symptoms
- Achieving quality of life
- Maintaining an independent patient
- Relief for mental anguish and social isolation
- Family support
- Reducing isolation, fear and anxiety
- Good death or dying well

ROLE OF NURSE IN PALLIATIVE CARE

CARING FOR THE PATIENT:

1. Direct nursing care
2. Meeting physical needs & symptoms management.
3. Providing psychological reassurances
4. Monitoring & administering pain relief intervention, both pharmacological and non pharmacological.
5. Preventing complications – preventing, monitoring & relieving discomfort relaxation & contentment & preventing complication.
6. Educating family in basic nursing care.
7. Facilitating participation of significant others in patient care.
8. Specialized nursing care related to -Lymph edema management - wound care - stoma care - bowel and bladder care.

PALLIATIVE CARE NURSING

Reflects whole aspects care. It combines the humanistic approach with a scientific approach.

- Physical wellbeing: Free of pain and discomfort, functional ability etc.,
- Psychological well being: free from anxiety/fears, ability to experience happiness etc.,
- Social well being: Purposeful life role, free from financial burden.
- Spiritual well being: feelings of hope, meaning to life.

